

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET </div> <div style="width: 20%;"> <small>SERIAL NO.</small> <small>APPLICANT(S)</small> </div> <div style="width: 20%;"> <small>FILING DATE</small> </div> </div>							
CLAIMS							
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
IND	DEP	IND	DEP	IND	DEP		
1						51	
2						52	
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48						98	
49						99	
50						100	
TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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